

Summary of Proposed Changes
ARS Policy and Procedures Manual

Section V.

- Page V-1 Increased the Normal Living Requirement
- Page V-2 Deletion of Exclusions
- Page V-3 Sets out Provisions for Utilizing verification for the Financial Need Requirement

Section VI.

- Page VI-1 Substantiality of Service Inclusion - Summarization of Federal Regulations
- Page VI-3 Provision and Authorization of Services adds a Dual Signature Requirement
- Page VI-3 A question is added to Procedure for Authorization of Services

V. ECONOMIC NEEDS/COMPARABLE BENEFITS

An individual's economic need is not used to determine eligibility for VR services. An economic needs assessment is used only to determine if the individual can pay any costs of VR services and if so, how much. In all cases, no economic needs evaluation will be applied as a condition for furnishing the following VR services:

- 1) assessment of rehabilitation needs, including rehabilitation technology, except for those services other than of a diagnostic nature which are provided under extended evaluation;
- 2) counseling, guidance, and referral services, and
- 3) placement.

In determining an individual's financial resources, the counselor will identify all resources available to the individual and/or spouse. If the individual is a dependent, the resources of the parents will be determined.

EXCEPTION: SSDI and SSI recipients are exempt from financial need; however, the financial resources form should be completed to assess comparable benefits and gather information for federal reporting.

Provision of services conditioned on financial need entails:

- 1) Determination of the individual's financial ability or inability to obtain services, either through individual or other resources;
- 2) Determination of the extent ARS will provide these services to the individual lacking sufficient resources.

A need standard in the form of a Normal Living Requirement (NLR) has been established for different family groups and single individuals living alone. The NLR includes amounts for food, shelter, clothing, household maintenance, routine medical care, personal care, recreation, insurance, and personal taxes.

NORMAL LIVING REQUIREMENT

<u>Number of Persons</u>	<u>Monthly Amount</u>
1	\$2,400—\$2,800.00
2	\$2,800 —\$3,200.00
3	\$3,200 —\$3,400.00
(\$400.00 for each additional family member)	

~~Exclusions include cash and/or liquid assets up to \$4,000 for persons without dependents and \$6,000 for persons with dependents. Exceptions are lump sum or one-time expenditures for rehabilitation services not exceeding \$1,000.~~

Ascertaining an individual's financial resources is an important step in determining ability or inability to pay for rehabilitation services. A resource is considered available only if it is at the individual's disposal when needed. Careful study of the individual's resources is necessary to determine availability.

The provision of certain services to the individual is dependent upon financial need, but the counselor should use discretion upon applying financial need. Stripping the individual of all resources may impair the individual's rehabilitation.

The comparable benefits provision provides VR agencies with an organized method for assessing an individual's eligibility for benefits under other programs. **Any benefit available to individuals under any other program to meet, in whole or in part, the cost of any VR service will be utilized.** This benefit will be considered only to the extent that it is available and timely.

A "**comparable benefit**" is not the same as "**determination of economic need.**" In determination of economic need, the objective is to set the conditions for equitably determining the amount, if any, an individual is expected to participate in the cost of the rehabilitation. In the area of comparable benefits, the objective is to give full consideration to alternative funding sources prior to spending VR funds to purchase consumer services.

If the individual refuses to apply for services for which the individual may be eligible or if the individual refuses to accept services from another Agency as a comparable benefit when receipt of such services do not interfere with achieving the rehabilitation objective, ARS cannot provide the services using VR funds.

Federal VR funds cannot be used to pay training costs in institutions of higher education unless every effort has been made to secure financial assistance, in whole or in part, from other funding sources. In all training cases, the record of services must include evidence that applications were made and the individual will or will not receive assistance.

Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. Provided to each student receiving financial assistance, the letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing on this letter.

Repayable loans should not be considered as a comparable benefit or resource.

Note: Comparable benefits do not include awards and scholarships based on merit.

PROCEDURES - UTILIZING FINANCIAL NEED

- Exempt SSDI/SSI recipients from financial need assessment/requirements.
- The individual must apply for comparable benefits and documentation of benefits must be placed in the case file, i.e., award letter/Pell Grant.
- The financial resources form (RS-16) must be completed by the time the IPE is developed.
- For those individuals not exempt as recipients of SSI/SSDI, the counselor will verify income by requesting Income Tax returns, copies of earnings statements, PELL grant summary or the individual may be required to request their earnings history from the Social Security Administration.
- ~~The counselor identifies available resources and may request income tax returns or wage and earnings statement.~~
- Any available benefits will be utilized and must be considered in the provision of services.
- Other than diagnostic services, no authorizations will be issued until financial need is verified
- In all instances where the Pell Grant is utilized, the counselor will utilize the basic cost of education reported from the school that the individual will attend. The applicable PELL categories are dependent, on campus, dependent off campus, and independent. The basic costs may include tuition, books, fees, room and board, supplies, and transportation.
- Financial need should be re-assessed and a RS-16 completed at Annual Review or at any time the individual's financial situation changes.

VI. SERVICES

Arkansas Rehabilitation Services highest priority is to provide individualized services to eligible individuals so they can work in full-time competitive employment.

Services will be provided in compliance with Title VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race color or national origin.

SUBSTANTIALITY OF SERVICES

Substantial vocational rehabilitation services are those services, which, provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual.

In order for the counselor to show substantial services in a case, the counselor must document the relationships of the provision of services, the criteria for evaluation of the intermediate objectives or steps needed to reach the vocational goal, and the counseling necessary for successful closure of a case. Documentation of substantiality of services in the case file is an on going process. This documentation must be found in the case narrative entries; therefore, the case notes must tell the story of the case and subsequently show the individual's participation and the services provided enabled the individual to become employed.

As appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the following vocational rehabilitation services are available:

- 1) Assessment for determining eligibility and priority for services;
- 2) Assessment for determining vocational rehabilitation needs;
- 3) Vocational Rehabilitation counseling and guidance, including personal adjustment counseling, to maintain a counseling relationship throughout the program of services for an individual with a disability; and the referral necessary to help the individual with a disability secure needed services from other agencies when such services are not available and to advise those individuals about Client Assistance Programs;
- 4) Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive;

- 5) Vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials, provided that no training or training services in institutions of higher education (universities, colleges, community/junior colleges, vocational schools, technical institutes, or hospital schools of nursing), **may not be paid for with funds under this part unless maximum efforts have been made to secure grant assistance in whole or in part from other sources;**
- 6) Maintenance, not to exceed the estimated cost of subsistence, provided in connection with VR services at any time from the date of initiation of services through the provision of post-employment services. Maintenance covers that individual's basic living expenses, such as food, shelter, clothing, and other subsistence expenses that are necessary to support and derive the full benefit of other VR services being provided;
- 7) Transportation, including cost of travel and subsistence during travel (or per diem payments in lieu of subsistence) in connection with transporting individuals with disabilities and their attendants/escorts for the purpose of deriving the full benefit of other VR services being provided. Transportation may include relocation and moving expenses necessary for achieving a VR objective;
- 8) Services to a client's family when necessary to the adjustment or rehabilitation of the client.
- 9) Interpreter services and note-taking services for the deaf, including tactile interpreting for deaf-blind individuals;
- 10) Reader services, rehabilitation teaching services, note-taking services and orientation and mobility services;
- 11) Recruitment and training services to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate public service employment;
- 12) Job search, placement assistance and job retention services;
- 13) Supported employment;
- 14) Personal assistance services;
- 15) Post-employment services necessary to maintain employment;
- 16) Occupational licenses (including any license, permit or other written authority) required by a State, city or other governmental unit to be obtained in order to enter an occupation or a small business, tools, equipment, initial stocks and supplies;
- 17) Rehabilitation technology services including vehicular modification, telecommunication, sensory, and other assistive technological aids, devices and services;
- 18) Transition Services in accordance with the definition of the term;
- 19) Technical assistance and other consultation services to individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome; and,
- 20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

PROVISION AND AUTHORIZATION OF SERVICES

Dual signatures are required on all authorizations.

ARS currently requires District Manager approval on all new counselors (Section XIII, Policy and Procedure Manual). District Manager and/or Administrative approval is also required for several specified purchases and services (Section VI, Policy and Procedure Manual).

All other authorizations that do not fall within the scope of prior policy must have a co-signature noted on the authorization. The co-signature should be legible and located under the signature of the authorizing counselor. The co-signature of the District Manager or designated Senior Counselor indicates that the authorization was checked for accuracy and authenticity according to established ARS policy and procedures prior to release.

Written authorization must be made, simultaneously with, or prior to, the provision of the service or goods. **A verbal authorization may be given in an emergency followed immediately by a written authorization.** The written authorization must contain the date of the verbal authorization. An IPE must be written before any services or goods, other than diagnostic or to support diagnostic assessment, can be provided. It is the counselor's responsibility to document case progress throughout provision of services.

NOTE: A benefit will be considered only to the extent that it is available and timely to meet the cost of the particular VR services.

Note: The counselor will not approve payment requests until documentation that the service has been provided has been received. Documentation may include medical reports, training progress reports, attendance forms, receipts and/or invoices.

PROCEDURES - PROVISION AND AUTHORIZATION OF SERVICES

Before an authorization is issued the counselor must consider the following issues:

- Is this service allowable under ARS Policy?
- What, if any, limitation exists to providing this service?
- Are there any comparable benefits available to provide the service?
- Has the counselor verified financial need?
- What other required references need to be accessed (i.e., fee schedule, vendor list)?

- Does the counselor have sufficient funds in the allotment to procure/provide the service and if not, whom does the counselor contact?
- What documentation is needed to procure/provide the service? (i.e., LMC, prior approval, case notes.)
- How is the paperwork routed?
- Determine if the vendor is on the ARIMIS Vendor List. Complete W-9 if needed.
- Create the authorization in the ARIMIS system. (See ARIMIS Manual)
- The original authorization goes to the vendor, a copy is placed in the case file, and the individual may be provided a copy.

VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

The counselor will write a program for a "vocational rehabilitation counseling, guidance, placement, and follow-up" case. The program will outline in the criteria for evaluation of progress toward the employment outcome the counseling process and anticipated results. Documentation of counseling progress will be placed in the record of services. Vocational rehabilitation counseling and guidance services must be provided and documented in all VR cases closed rehabilitated.

PROCEDURE - VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

- The counselor will document in the case notes the specific progress the individual is making toward the employment outcome.
- The individual's progress will be reviewed every 90 days.
- ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will email the request to the Chief of Field Services.)
- Counseling and guidance must be documented in each successful closure.

JOB FINDING/REFERRAL

A job-finding service is provided when enough information has been given to permit the individual to arrange for a job interview with an employer. A job-finding service is also rendered when ARS directly refers or arranges for the direct referral of the individual to a prospective employer.

PROCEDURES - JOB FINDING/REFERRAL

- The individual may be referred to ARIB in Status 12. The employment coordinator can assist the counselor at this stage in the vocational planning process but significant involvement of the coordinator may not occur until the individual is ready for employment.

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS
LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Workforce Education

DIVISION Arkansas Rehabilitation Services

DIVISION DIRECTOR John Wyvill, Commissioner

CONTACT PERSON Barbara Lewis

ADDRESS 1616 Brookwood Dr., Little Rock, AR 72203

PHONE NO: (501) 296-1609 **FAX NO:** (501) 296-1655 **E-MAIL:** bjlewis@ars.state.ar.us

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question **completely** using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of your proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. What is the short title of this rule? Arkansas Rehabilitation Services Policy and Procedure Manual
- 2. What is the subject of the proposed rules?
Economic Need and Comparable Benefits, Section V
Provision and Authorization for Services, Section VI
- 3. Is this rule required to comply with federal regulation or statute regulations? Yes X No ____
If yes, please provide the federal regulation and/or statute citation.
Rehabilitation Act Amendments of 1998 - 29 U.S.C. § 701 et. seq.
Workforce Investment Act of 1998 - 20 U.S.C. § 9201 et. seq.
- 4. Was this rule filed under the emergency provision of the Administrative Procedure Act?
Yes ____ No X

If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ____ No X

5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No ___ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. NOTE: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for the proposed rule? If codified, please give Arkansas Code Citation.

Arkansas Code Annotated § 25-30-201, Rehabilitation Act of Arkansas

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose is to update the rule based on federal regulations.

8. Will a public hearing be held on this proposed rule? Yes X No _____

If yes, complete the following:

Date: September 22, 2004

Time: 11:00 a.m. – 1:00 p.m.

Place: Arkansas Rehabilitation Services, 1616 Brookwood Dr. Little Rock, AR 72203

Conference Room for more information call 501.296.1620

9. When does the public comment period expire for permanent promulgation? (Must provide a date.) September 24, 2004

10. What is the proposed effective date of this proposed rule? (Must provide a date.)

October 18, 2004

11. Do you expect this rule to be controversial? Yes _____ No X If yes, please explain.

12. Please give the names of persons, groups, or organizations, which you expect to comment on these rules? Please provide their position (for or against) if known.

Disability Rights Center – Unknown

For - Rehabilitation Council, AR Independent Living Council, AR Independent Living Centers, AR Disability Coalition

FINANCIAL IMPACT STATEMENT
PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT of Workforce Education

DIVISION Arkansas Rehabilitation Services

PERSON COMPLETING THIS STATEMENT John Wright, Assistant Commissioner of Financial Managment

TELEPHONE NO. 501.296.1614 **FAX NO.** 501.296.1681 **EMAIL:** jwwright@ars.state.ar.us

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and propose rules

SHORT TITLE OF THIS RULE

Arkansas Rehabilitation Services Policy and Procedure Manual changes

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
Yes _____ No X
2. If you believe that the development of financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?
There is no additional cost to ARS, since this policy enhances our current documentation for eligibility.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____